REMEMBER TO USE BLACK INK PRESS HARD PRINT I FGIBLY AND COMPLETE ALL REQUIRED

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UIT 10000 (UMIT. EU 10) (TINU) **UNIT 2** DRAC INVESTIGATING AGENCY ≶ 1-ZC ADDRESS NO. CHICAGO PD CHR EMS AGENCY TELEPHONE 312-747-8210 NAME (LAST, FIRST, M) WASHINGTON, DNA (TAKEN TO) NAME (LAST, FIRST, M) HOLME STREET ADDRESS EMS AGENC 727 E ☐ DRIVER ☐ PARKED ☐ DRIVERLESS STREET ADDRESS ....FT/MI TELEPHONE AT INTERSECTION WITH CHICAGO CHICAGO w w 2 2 EV \_ \_ (SEAT) DRIVER SPITAL (TAKEN TO) MOST X □ PARKED 111TH ST EVNT 11115 TRFD z m 12 (DOB) П 200 SW ☐ DRIVERLESS \_ TRFC 13717  $\mathcal{O}$ DAMAGED PROPERTY OWNER NAME ARREST NAME ARREST NAME PROPERTY OWNERS ADDRESS: STREET, CITY, STATE, CITATIONS ISSUED CITATIONS ISSUED (SEX) 3 WEAT R PED 0 (SAFT) (AIR) DRIVER'S LICENSE NO DRIVER'S PED S (NAME OF INTERSECTION OR ROAD FEATURE) J6 RVA S MICHIGA SIGNATURE WILSON, VEHICLE / PROPERTY N N PEDAL PEDAL CHRISTOPHER DAMAGE TO ANY ONE PERSON'S LICENSE NO STATE PENDING PENDING STATE (LNI) 16 MICHIGAN AVE ☐ EQUES EQUES ASTARTE (EJCT) (EPTH) DAVID 5 VIS ZIP ZIP 60628 □ NCV 5 \$500 OR LESS \$501 - \$1,500 OVER \$1,500 60628 LINK, VEHD V U (STAR#11191), PASSENGERS & WITNESS ONLY 2 STATE STATE PEDV PEDV T SE RESPONDER N **≥** % W 0 Z ON SCENE

NOT ON SC

AMENDED Z mo mo NCIDENT ON SCENE NOT ON SCENE (DESK REPORT) **1**CGHT DATE OF DATE OF P.O. CLASS CLASS 47 SAFT day **EJCT** day EJCT SAFT 9 PPA 9 PPA TYPE OF → SPF 727 BIRTH BIRTH O CDL ID ODL ID EPTH **EPTH** 0 ω ₩ PPL AIR PPL AR REPORT 111TH 35% NAV X CITY CHICAGO COOK ≨ MAKE CITY OWNER STREET, CITY, STATE, ZIP ≤ Z MAKE VEHICLE OWNER (LAST, FIRST, M) PLATE NO. 7 OWNER STREET, CITY, STATE, ZIP 5219 S WENTWORTH MP15807 PLATE NO. COUNTY BEAT / DIST. 0531 DAMAGED PROPERTY STREET AUTOMATION 1FM5K8AR4HGD U2 SYSTEM UNK SYSTEM SECTION SECTION OF CHIC × CHICAGO, NNK D CHICAGO PRIMARY (NAME) / (ADDRESS) / (TELEPHONE) Ш Injury and / No Injury / Drive Away XPLO LEVEL VEH. IN LEVEL VEH. MODEL MODEL STATE STATE 0 Ö SUPERVISOR ID. CITATION NO. CITATION NO. or Tow Due INTERSECTION HIT & RUN PROPERTY RELATED PRIVATE 60628 **BROWN / 1708** RER LEVEL ENGAGED AT CRASH 99 SECONDARY CAUSE ENGAGED AT CRASH AVE 13708 CIY 312-747-8210 o 2000 YEAR YEAR 2017 Crash CHICAGO, IL, 60609 YEAR YEAR 0 유 2020 13- UNDER CARRIAGE
14- TOTAL (ALL)
15- OTHER
99- UNKNOWN 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER CIRCLE NUMBER(S)
FOR DAMAGED AREA(S) FOR DAMAGED AREA(S) X X Z CHICAGO CIRCLE NUMBER(S) FIELDSI NOT INSURED ROAD CLEARANCE 99 - UNKNOWN INSURANCE 9 FIRST CONTACT POLICE NOTIFIED **EMS ARRIVED** COURT 31 PEDALCYCLIST DOORING DATE OF CRASH 05 31 202 mo / day / yr JD248760 , 2020 R.D. Number 8 (EMS) 02 TIME TIME TIME TIME X ME POLICY NUMBER 2020 POLICY PHONE NUMBER 7 51 Z 7 1 TIME # OF MOTO 02 NUMBER XI P A M 16 - TOP PA M PA 12 PM 12 PM σ P P 2 51 Did crash occur in a Work Zone? If YES check one Workers present? 0531 INVLD BEAT OF OCCURRENCE TOWED DUE TO CRASH TOWED DUE TO CRASH FIRE TOR **№** PM COM VEH DISTRACTED FIRE COM VEH DISTRACTED \* Distraction Value \* Distraction Value Utility 47-821 Maintenance Construction Unknown work zone type If Yes, See Sidebar (HOSPITAL) See Sideba SECONDARY CRASH FLOW CONDITION STOPPED FREE FLOW below:  $\neg$ 0 EXPIRED Z X EXPIRED Z Z  $\square$ X Z Z 96 ™ u 0 DIRP RDEF 2 SPDR # LNS SLMT 5 BAC **NHAN** 7 # occs U2 U2 5 **RSUR** 2 5 U2 ALGN TRFW 5 2 5 5 2 5

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\* IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK \*

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ILLINOIS TRAFFIC CRASH REPORT Sheet Sheets \*CP004\* \*X001918935\*

VEHICLE CONFIG CARGO BODY TYPE LOAD TYPE				Sec			L				
THE BACK OF CRASH BOOK	STAR#		BY:	APPROVED	DD/MM/YR	STAR#	-			D BY:	REPARED
MILES NESW OR  (CIRCLE ONE)  City Name	#	OLEN - RD CIFY)	UVEHICLE STOLES	R ARREST	STIGATIVE LEADS IT OBTAINED HENT EVIDENCE FO	NO INVE WARRAN INSUFFIC	VAILABLE	OFFENDER VTACT RETURNED TRATION UNAVAIL	CANNOT ID TER TO CON	DED   TIM	SUSPEND
☐ City of C					RED	S   EXC. CLE	AM CHARGE		,	·м.	COCK
TRAILER LENGTH(S) 1ft. 2ft.  TOTAL VEHICLE LENGTHft. NO. OF AXLESft.	CITATION #	ution	□ Arrest Prosec	#	SUPERVISOR STAR	ASSIGNED	DAT	STAR #	ASSIGNED	OFFICER	ONLY
	VEHICLE COLOR	UNIT	CLOTHING	ING MARKS /	DISTINGUISH	COLOR	HAIR	RACE AG	SEX	T AND RUN WANTED DRIVER	D W HIT A
TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"			BY/TO:	TOWED	MAGE EXTENT:	IG DAMAGE DAI	OT DISABLIN	MAGE   NO	1 8		
			BY/TO:	TOWED	MAGE EXTENT:	IG DAMAGE DA	OT DISABLIN	AMAGE X NO	ABLING DAM	10 DIS	U_1_TOWED DUE TO
IDOT PERMIT NO. WIDELOAD?   Yes   No	N ☐ Yes 🔀 No	OS TAKE	No PHOT	EN 🗌 Yes	TATEMENTS TAK	Ŋ		COLOR	0/2/0	> <u>2</u>	WHITW
ADDITIONAL UNITS FORMS.  y motor vehicle used to transport passengers or propmore than 10,000 pounds (example: truck or truck/trail in the course of their employment (example: large van used for specific purpose): or otransport between 9 and 15 passengers, including (example: large van used for specific purpose): or otransport any, hazardous material (HAZMAT) that reacards will be displayed on the vehicle).    Interstate	INDICATE NORTH BY ARROW BY ARROW HICLE AND A #1, WHO RELATED S. BLOCK OF SIST ANOTHER JRE THE SCENE, S. BLOCK OF SIST ANOTHER SCENE, S. BLOCK OF SIST ANOTHER SCENE, S. BLOCK OF SIST ANOTHER SCENE, S. BLOCK OF SIST AND	ON ON SECULATION OF THE SECULA	G A DEPARTME /ER/BEAT 512 CBANK) ON THE 115 S HALSTED G THE OFFICER 12/PEDESTRIAN CFD AMB# 51 NOTION. (THE WITUNIT#1 AFTER: FLOOTERS WITUNIT#1 AFTER: WITUNIT#1	OO WITH DRIN CLE AT 11 ASSISTIN ORGOUP O NAN TAWAY	FIC ACCIDENT IVAL R/O MET SBUSINESSES (ITED HIS VEHIOD THAT AFTER INJURYING BOOTHER WAS INJURYED OLANA IN STANIT#2 WAS INJUREET WITH A OTHER/GUARD	AVE  AVE  AVE  AVE  OPLE LOOTING D THAT HE EXITY RELATE CWARDS AND O. LINK#1118 OPLESTRIAN/L SEDESTRIAN/L SEDESTRIAN/L SET OF THE SING S GIVEN TO M	HIGAN A HIGAN		RANGE ON SUM PROPERTY OF THE P	L SE	HORE PROBLEM NO.
LARGE TRUCK BUS OR HM VEHICLE		2 Drug 2	U2 Drug 1 U2	U1 Drug 2	U1 Drug 1	)	NUMBER	ר ר RD	) ) 7	7 7	<b>47</b> O

REMEMBER TO USE BLACK INK. PRESS HARD. PRINT LEGIBLY AND COMPLETE ALL REQUIRED

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(TINU) **UNIT 2** U N T UNIT 1 DRAC INVESTIGATING AGENCY ADDRESS NO. CHICAGO PD HOSPITAL (TAKEN TO) EMS AGENCY CITY TELEPHONE 312-747-8210 STREET ADDRESS NAME (LAST, FIRST, M) **EMS AGENCY** TELEPHONE HOSPITAL NAME (LAST, FIRST, M) LINK 727 STREET ADDRESS AT INTERSECTION WITH CHICAGO  $\omega$ 2 S N EV --(SEAT) DRIVER DRIVER | PARKED SPITAL (TAKEN TO)
HRIST FT/MI U2 MOST E 111TH EVNT PARKED 11115 TRFD Z (DOB) П LOC DAMAGED PROPERTY OWNER NAME □ DRIVERLESS DRIVERLESS TRFC 5 13717 ARREST NAME ST ARREST NAME PROPERTY OWNERS ADDRESS: STREET, CITY, ☐ CITATIONS ISSUED #51#76 (SEX) WEAT (STAR#11191 (SAFT) DRIVER'S LICENSE NO. DRIVER'S LICENSE NO. PED PED J6 RVA NAME OF INTERSECTION OR ROAD FEATURE) SIGNATURE HIGHWAY or STREET NAME WILSON, DAVID ☐ PEDAL (AIR) VEHICLE / PROPERTY DAMAGE TO ANY ONE PERSON'S ☐ PENDING ☐ PENDING STATE STATE U2 (LNI) MICHIGAN AVE ☐ EQUES EQUES (EJCT) <del>S</del> ≥ ZIP ZIP O NWV VMV (EPTH) OFFICER \$500 OR LESS
\$501 - \$1,500
OVER \$1,500 □ NCV U2 \$500 OR LESS STATE, OW VEHD  $\vec{c}$ ZIP 2 STATE STATE PEDV SEX RESPONDER N PEDV RESPONDER N SEX W 3 Z Z mo mo INCIDENT & WITNESS ON SCENE NOT ON AMENDED 1 LGHT DATE OF DATE OF BIRTH CLASS CLASS SAF day 64 EJC. EJC SAF day 9 PPA PPA 7 PE OF SCENE (DESK REPORT) **1**00L BIRTH CDL 0 **EPTH** CDL ID **EPTH** AR Ŧ PPL PPL AR REPORT ō MANY X CITY CHICAGO COOK OWNER STREET, MAKE VEHICLE PLATE NO. OWNER STREET, CITY, STATE, ZIP MAKE PLATE NO. VEHICLE OWNER (LAST, FIRST, M) DAMAGED PROPERTY COUNTY AUTOMATION
SYSTEM
Y N N N ~ ~ AUTOMATION U2 SYSTEM SECTION 7/DIST. 0531 SECTION OWNER (LAST, FIRST, M) X 99 SNY TOWNSHIP UNK PRIMARY CAUSE D (NAME) / (ADDRESS) / (TELEPHONE) No Injury / Drive Away Injury and / or Tow Due NEH. VEH. LEVEL MODEL MODEL STATE STATE D. BROWN / 1708 SUPERVISOR ID CITATION NO. CITATION NO. INTERSECTION RELATED HIT & RUN PROPERTY PRIVATE 99 SECONDARY CAUSE ENGAGED AT CRASH LEVEL ENGAGED AT CRASH 귱 YEAR YEAR AR 2020 00 - NONE
13 - UNDER CARRIAGE
14 - TOTAL (ALL)
15 - OTHER
99 - UNKNOWN FIEL DS! FOR DAMAGED AREA(S) 00 - NONE 13 - UNDER CARRIAGE 14 - TOTAL (ALL) 15 - OTHER CIRCLE NUMBER(S)
FOR DAMAGEDAREA(S) ROAD CLEARANCE X × X 25 INSURANCE CO. FIRST CONTACT INSURANCE POLICE NOTIFIED FIRST CONTACT 99 - UNKNOWN **EMS NOTIFIED** EMS ARRIVED Z 31 PEDALCYCLIST DOORING DATE OF CRASH 05 31 202 mo / day / yr JD248760 / 2020 R.D. Number 8 (EMS) 02 2020 / yr TIME TIME TIME TIME IME X POLICY NUMBER PHONE NUMBER POLICY PHONE NUMBER 51 0 TIME □□ R A N AM PA A 16 - TOP NUMBER 02 VEHICLES PM # OF MC PM 12 6 12 9 51 Did crash occur in a Work Zone? S If YES check one 5 w -2 0531 Utility SECONDARY CRASH
YES NO Construction orkers present? TOWED DUE TO CRASH TOR BEAT OF OCCURRENCE TOWED DUE TO CRASH COM VEH DISTRACTED Unknown work zone type FIRE COM VEH DISTRACTED Distraction Value Distraction Value (HOSPITAL) STOPPED FREE FLOW below: □ Z < EXPIRED Z ~ EXPIRED ~ Z Z Z Z SLMT DIRP 5 2 BAC SPDR 5 # OCCS RDEF VEHU 5 U2 51 RSUR ر 2 12 5 U2 ALGN 7 5 2 2 TRFW LNS 0 96 0 2

\* IF YES TO COM VEH, COMPLETE LARGE TRUCK, BUS, OR HM VEHICLE AREA ON BACK \*

\*CP004\* \*X001918935\*

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RD NUMBER	U1 Drug 1	U1 Drug 2	U2 Drug 1	U2 Drug 2		LARGE TRUCK, BUS, OR HM VEHICLE
XUULYINS JULY 48 / 60	000	000	000	000		THAN ONE CMV IS INVOLVED, USE SR 1050A
						ADDITIONAL UNITS FORMS.  A CMV is defined as any motor vehicle used to transport passengers or property and:  1. Has a weight rating more than 10 000 pounds (example: truck or truck/trailer).
					INDICATE NORTH BY ARROW	<ol> <li>Has a weight rating more than 10,000 pounds (example: truck or truck/trailer combination): or</li> <li>Is used or designed to transport more than 15 passengers including the driver (example: shuttle or charter bus): or</li> </ol>
						3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van type vehicle or passenger car): or
						4. Is used or designated to transport between 9 and 15 passengers, including the drive for direct compensation (example: large van used for specific purpose): or
						b. Is any vehicle used to transport any hazardous material (HAZMA I) that requires placarding (example: placards will be displayed on the vehicle).
						CARRIER NAME
						ADDRESS
						CITY/STATE/ZIP
						MOTOR CARR. ID   Interstate   Intrastate
	- <del></del>	 	- <del></del>	- <del> </del>	- <del></del>	USDOT NO.   Not in Comm./Other   Not in Comm./Other
						Source of above Side of Truck Papers Driver Log Book
JARRATIVE (refer to vehicle by unit #)		-	-		-	Were HAZMAT placards on vehicle?
						4 digit UN NO. 1 digit Hazard class No.
						Did HAZMAT spill from vehicle (do NOT consider FUEL from vehicle's own tank)? ☐ Yes ☐ No ☐ Unknown
						Did HAZMAT Regulations violation contribute to the crash?  ☐ Yes ☐ No ☐ Unknown
						Did Carrier Safety Regulations (MCS) violation contribute to the crash?  ☐ Yes ☐ No ☐ Unknown
						ver/vehicle Examination Report Form completed?
						HAZMAT   Yes   No   Unknown Out of Service   Yes   No   No   Unknown Out of Service   Yes   No   No   No   No   No   No   No   N
1_COLOR U_2_COLOR	STATEMENTS T	AKEN   Yes	N₀ P	HOTOS TAKI	EN   Yes   No	IDOT PERMIT NO. WIDELOAD?   Yes   No
DUE TO DISABLING DAMAGE NOT DISABLING DAMAGE	DAMAGE EXTENT:	TOWED	вүло:		Q.SC.	TRAILER VIN 1
2_TOWED	DAMAGE EXTENT:	TOWED	ВУ/ТО:			TRAILER WIDTH(S) 0 - 96" 97 - 102" > 102"
HIT AND RUN SEX RACE AGE HAIR COLOR WANTED DRIVER	DISTINGU	ISHING MARKS /	CLOTHING	UNIT	VEHICLE COLOR	TRAILER 1
MAIU OFFICER ASSIGNED STAR # DATE ASSIGNED ONLY	SUPERVISOR S	TAR#	□ Arrest P	rosecution	CITATION#	TRAILER LENGTH(S) 1ft. 2ft.  TOTAL VEHICLE LENGTHft. NO. OF AXLES
CHARGES   EXC. C	LEARED					CRASH LOCATION   City of OR   Nearest City
USPENDED   TIM CANNOT ID OFFENDER   NO IN   LETTER TO CONTACT RETURNED BY USPS   WARF	VESTIGATIVE LEAD RANT OBTAINED FFICIENT EVIDENCE	SE FOR ARREST	□ VEHICL	E STOLEN - RD (SPECIFY)	*	(CIRCLE ONE)
REPARED BY: STAR #	DD/MM/YR	APPROVED	BY:		STAR#	VEHICLE CONFIG. CARGO BODY TYPE LOAD TYPE